

Ohio Compassion Capital Project Orientation Registration

Sponsored by the Governor's Office of Faith-Based & Community Initiatives

In collaboration with:

Ohio Community Action Training Organization
Economic Community Development Institute
Community Care Network
FreestoreFoodbank

Please Fax to the Appropriate Intermediary Partner

Organization:	
Participant Name:	
Title:	
E-Mail:	
Address:	
City:	County:
Zip Code:	
Special Needs (mobility, hearing, sight, diet, etc.) _____ _____	
Phone: ()	Fax: ()
Orientation Date and Location you plan to attend:	

Have you ever received government funding before? Yes ☐ No ☐

Have you completed the Ohio Compassion Capital Project Survey of Faith-Based and Community Organizations? Yes ☐ No ☐

(If no, please complete on-line at: http://www.fbciohio.gov/FBCI_pnl.asp)

May we have permission to share your contact information with other participants?
Yes ☐ No ☐

Governor's Office of Faith-Based and Community Initiatives
Toll Free: 866 – 335 - 0016
Website: www.fbciohio.gov